

471-000-533 Nebraska Medicaid Practitioner Fee Schedule for Health Check Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 33.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Billing instructions for EPSDT can be found at:

<http://dhhs.ne.gov/Documents/471-000-62.pdf>

Billing instructions for EPSDT Encounters in a Federally Qualified Health Center (FQHC) can be found at:

<http://dhhs.ne.gov/Documents/471-000-76.pdf>

**HEALTH CHECK (EPSDT) REFERRAL INDICATOR CODES:**

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places

## Preventive care for persons under 21

One of the following referral indicator codes **MUST** be included on claims using CPT well-child preventive codes 99381-99395 with the required EP modifier. (Electronic 837P or CMS 1500 box 24H).

- AV Patient refused referral;
- S2 Patient is currently under treatment for diagnostic or corrective health problem
- NU No referral given; or
- ST Referral to another provider for diagnostic or corrective treatment

### **HEALTH CHECK (EPSDT) Vaccines for Children**

| Procedure Code + Modifier |  | Maximum Allowable | Prior Authorization |
|---------------------------|--|-------------------|---------------------|
| Vaccine CPT Code + SL     |  | \$10.71           | No                  |

### **HEALTH CHECK (EPSDT) Special Services for Persons Under 21**

Rates effective July 1, 2016

|          |     |   |    |          |       | MEDICAID  |
|----------|-----|---|----|----------|-------|-----------|
| CODE     | MOD | DESCRIPTION   | PA | COMMENTS | COPAY | ALLOWABLE |
| 000S9437 | EP  | PREPARED CHILDBIRTH REFRESHER SESSION   |    |          |       | \$30.63   |
| 000S9442 | EP  | PREPARED CHILDBIRTH SESSION (6-8 WEEK SERIES) OR COMPARABLE CESAREAN BIRTH SESSION                |    |          |       | \$63.32   |
| 000S9443 | EP  | BREAST FEEDING INSTRUCTION SESSION  |    |          |       | \$9.91    |
| 000S9444 | EP  | HEALTH EDUCATION AND INFANT CHILD CARE/PARENTING SESSION  |    |          |       | \$9.91    |
| 000S9445 | EP  | EARLY PREGNANCY SESSION   |    |          |       | \$9.91    |
| 000S9470 | EP  | NUTRITIONAL COUNSELING - PER 30 MINUTE UNIT   |    |          |       | \$36.96   |
| 00099381 | EP  | INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: YOUNGER THAN 1 YEAR). |    |          |       | \$95.16   |
| 00099382 | EP  | INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 1 - 4 YEARS).         |    |          |       | \$100.17  |
| 00099383 | EP  | INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 5 - 11 YEARS).        |    |          |       | \$110.18  |

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| CODE     | MOD | DESCRIPTION   | PA | COMMENTS | COPAY | MEDICAID<br>ALLOWABLE |
|----------|-----|---|----|----------|-------|-----------------------|
| 00099384 | EP  | INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 12 - 17 YEARS).           |    |          |       | \$120.20              |
| 00099385 | EP  | INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 18 - 20 YEARS).           |    |          |       | \$130.22              |
| 00099391 | EP  | PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT. (AGE: YOUNGER THAN 1 YEAR). |    |          |       | \$80.13               |
| 00099392 | EP  | PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 1 - 4 YEARS).          |    |          |       | \$85.14               |
| 00099393 | EP  | PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 5 - 11 YEARS).         |    |          |       | \$90.15               |
| 00099394 | EP  | PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 12 - 17 YEARS).        |    |          |       | \$95.16               |
| 00099395 | EP  | PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 18 - 20 YEARS).        |    |          |       | \$100.17              |
| 00099401 | EP  | PEDIATRIC PRENATAL VISIT - 15 MINUTES (EXPECTANT MOTHER MUST BE UNDER 21 TO BILL FOR THIS SERVICE.)   |    |          |       | \$23.63               |
| 00099402 | EP  | FAMILY/HOME VISITATION FOR RISK ASSESSMENT AND RISK REDUCTION SERVICES                                |    |          |       | \$47.27               |

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